

103<sup>D</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 4463

To provide for studies in order to establish a basis for evaluating the impact of health care reform.

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IN THE HOUSE OF REPRESENTATIVES

MAY 19, 1994

Mr. STUDDS introduced the following bill; which was referred jointly to the Committees on Energy and Commerce and Ways and Means

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## A BILL

To provide for studies in order to establish a basis for evaluating the impact of health care reform.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Health Care Reform  
5 Assessment Act of 1994”.

6 **SEC. 2. IDENTIFYING STRATEGIES FOR ASSESSING IMPACT**  
7 **OF HEALTH CARE REFORM.**

8 (a) IN GENERAL.—Within 90 days after the date of  
9 the enactment of this Act, the Secretary of Health and  
10 Human Services shall seek to enter into an agreement

1 with the Institute of Medicine of the National Academy  
2 of Sciences (or another nonprofit, nongovernmental orga-  
3 nization or consortium of institutions) to study and report  
4 on the impact of health care reform legislation at the na-  
5 tional, regional, and State levels.

6 (b) PURPOSE.—The purpose of the study under this  
7 section is to develop a detailed framework, using a pro-  
8 spective, longitudinal study design, to assess the impact  
9 of health care reforms on national goals, such as the goals  
10 of assuring security of coverage, promoting simplicity of  
11 administration, achieving health care savings, encouraging  
12 individual responsibility, improving quality of care, pro-  
13 moting choice, and improving health status.

14 (c) REPORT.—The Secretary shall require the organi-  
15 zation conducting the study under this section to submit  
16 to the Secretary and the Congress a report within 18  
17 months after the date of the enactment of this Act. The  
18 report shall include recommendations regarding each of  
19 the following:

20 (1) What are appropriate indicators of national  
21 progress towards meeting the national goals referred  
22 to in subsection (b).

23 (2) What are appropriate study designs that  
24 would assess the impact of health care reform on  
25 these indicators and that could take into account

1 different approaches to health care reform that may  
2 be used in different States and regions (or by dif-  
3 ferent Federal agencies), as well as by foreign coun-  
4 tries.

5 (3) What are data elements and public and pri-  
6 vate sources of information for measuring such indi-  
7 cators. With respect to such elements:

8 (A) What special requirements or authori-  
9 ties are needed to permit access to confidential  
10 data (and to assure continued confidentiality of  
11 such data) needed to measure such indicators.

12 (B) What methods for obtaining these data  
13 elements that are not currently in use would be  
14 useful.

15 (C) What are the approaches to establish-  
16 ing a core set of primary data as part of a na-  
17 tional health care reform collection effort that  
18 could overlap with the evaluation of health care  
19 reform.

20 (D) What should be the relationship be-  
21 tween Federal, State, and local agencies to  
22 gather, report, and share information on health  
23 care reform and its assessment.

1           (4) What are the nature, scope, and frequency  
2 of reports that would best serve the Secretary and  
3 the Congress for evaluating health reform efforts.

4           (5) What are the overall cost estimates associ-  
5 ated with obtaining and evaluating this information  
6 on the impact of health care reform.

7           (6) What are the ways that health care reform  
8 assessment findings could be used by various groups,  
9 such as patients, providers, insurers, employers, tax-  
10 payers, and various government agencies.

11       (d) AUTHORIZATION OF APPROPRIATIONS.—There is  
12 authorized to be appropriated \$1,000,000 to carry out the  
13 study under this section.

14   **SEC. 3. DEVELOPING BASELINE FOR EVALUATING HEALTH**  
15                           **CARE REFORM.**

16       (a) IN GENERAL.—Not later than 1 year after the  
17 date of the enactment of this Act, the Secretary of Health  
18 and Human Services shall seek to enter into an agreement  
19 with the Institute of Medicine of the National Academy  
20 of Sciences (or another nonprofit, nongovernmental orga-  
21 nization or consortium of institutions) to develop and re-  
22 port on baseline information to measure access to, and  
23 quality and cost of, health care and the individual and  
24 public health status of permanent residents of the United  
25 States.

1 (b) PURPOSE.—The purpose of the study under this  
2 section is to establish a benchmark for assessing the short-  
3 term and long-term impact of health care reform efforts  
4 at the national, regional, and State level.

5 (c) RELATION TO OTHER STUDY.—

6 (1) DESIGN.—The baseline information to be  
7 collected under this section shall be based, to the ex-  
8 tent reasonable, on the study designs, data sources,  
9 and indicators likely to be included in recommenda-  
10 tions made under section 2(c).

11 (2) COORDINATION.—The Secretary shall seek,  
12 to the extent reasonable, to enter into an agreement  
13 under this section with the same organization that  
14 is conducting the study under section 2, in order to  
15 facilitate the maximum cooperation and coordination  
16 in the performance of both studies.

17 (d) REPORT.—

18 (1) IN GENERAL.—The Secretary shall require  
19 the organization conducting the study under this  
20 section to submit to the Secretary and the Congress  
21 a report within 30 months after the date of the en-  
22 actment of this Act. The report shall include infor-  
23 mation and assessments regarding the following (as  
24 of the date of the enactment of this Act or prior to  
25 implementation of health care reform):

1 (A) The levels of access to health care  
2 services.

3 (B) The levels of quality of care of those  
4 services.

5 (C) The cost of the care provided, based on  
6 measures such as cost of services, the cost of  
7 treating various conditions, and the average and  
8 marginal cost of maintaining and improving  
9 health.

10 (D) The health status of the public, as a  
11 whole and by population subgroups.

12 (2) BASIS.—The information described in para-  
13 graph (1) shall be reported in a manner that permits  
14 separate evaluation of—

15 (A) health care services in the public and  
16 private sectors, and

17 (B) different types of services, including  
18 institutional services, ambulatory services, acute  
19 services, long-term care services, mental health  
20 services, and population-based services in the  
21 public and private sectors.

22 (e) AUTHORIZATION OF APPROPRIATIONS.—There is  
23 authorized to be appropriated \$3,000,000 to carry out the  
24 study under this section.

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